## Edgar Filing: BARTLETT MARK S. - Form 4

| BARTLETT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MARK S.                                 |           |                                             |                                                   |                                                                               |          |                                                                                                                    |                                                                      |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------|---------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------|--|
| Form 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         |           |                                             |                                                   |                                                                               |          |                                                                                                                    |                                                                      |           |  |
| April 30, 201                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |           |                                             |                                                   |                                                                               |          |                                                                                                                    |                                                                      |           |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |           |                                             |                                                   |                                                                               |          |                                                                                                                    | PPROVAL<br>3235-0287                                                 |           |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).<br>TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |                                         |           |                                             |                                                   |                                                                               |          |                                                                                                                    |                                                                      | irs per   |  |
| (Print or Type R                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | esponses)                               |           |                                             |                                                   |                                                                               |          |                                                                                                                    |                                                                      |           |  |
| 1. Name and Ac<br>BARTLETT                                                                                                                                                                                                                                                                                                                                                                                                                                                              | er Name <b>and</b><br>E T ROWE<br>V]    |           |                                             | -                                                 | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable) |          |                                                                                                                    |                                                                      |           |  |
| (Last)<br>100 E. PRAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | (Month/Da |                                             |                                                   |                                                                               |          | Director<br>Officer (give<br>below)                                                                                | title 10% Owner<br>Other (specify<br>below)                          |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Street) 4. If Amer<br>Filed(Mont       |           |                                             |                                                   |                                                                               |          | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person            |                                                                      |           |  |
| BALTIMOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E, MD 21202                             |           |                                             |                                                   |                                                                               |          | Form filed by M<br>Person                                                                                          | More than One Ro                                                     | eporting  |  |
| (City)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (State) (Z                              | Zip) Tai  | nle I - Non-D                               | erivative (                                       | Securi                                                                        | ties A.c | quired, Disposed o                                                                                                 | f or Beneficial                                                      | llv Owned |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. Transaction Date<br>(Month/Day/Year) | - 1a      | 3.<br>f Transactio<br>Code<br>f) (Instr. 8) | 4. Securi<br>onAcquired<br>Disposed<br>(Instr. 3, | ties<br>l (A) of<br>l of (E<br>4 and<br>(A)<br>or                             | or<br>)) | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | -         |  |
| Common<br>Stock                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 04/26/2019                              |           | А                                           | 1,851<br>(1)                                      | А                                                                             | \$0      | 22,843                                                                                                             | D                                                                    |           |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     |                    | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owna<br>Follo<br>Repo<br>Trans<br>(Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
|                                                     |                                                                       |                                         | Code V                                 | (A) (D)                                                                                                                 | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |                                                     |                                                                            |

## **Reporting Owners**

**Relationships Reporting Owner Name / Address** Director 10% Owner Officer Other BARTLETT MARK S. 100 E. PRATT STREET BALTIMORE, MD 21202 Signatures Virginia G. Connolly, as attorney in fact for BARTLETT MARK S.

\*\*Signature of Reporting Person

## **Explanation of Responses:**

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

1. Pursuant to the 2017 Non-Employee Director Equity Plan, this restricted Award Shares was issued at \$108.05 per share, the closing price of TROW shares on April 26, 2019. The forfeiture provisions of the Award Shares and all accrued dividends attributed to such Award Shares, will vest in full and become nonforfeitable upon the earliest of the following dates: (a) the day immediately prior to the

(1) Annual Meeting that occurs in the next calendar year following the year in which the Award Shares were granted as reflected on the Notice, (b) date of death, (c) the date on which it has been determined that the award holder suffered, a Total and Permanent Disability, or (d) the date on which a Change in Control occurs, in which case the vesting will take place immediately before and contingent upon the occurrence of the Change in Control.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

04/30/2019

Date